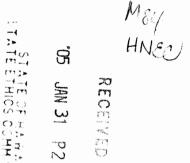




HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470

email: ethics@hawaiiethics.org



LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

	(Type o	r rint Clearly)	<u> </u>
PART I LOBBYIST			7
NAME(Last)	(First)	(Middle)	TELEPHONE
MAY	т.	Michael	543-4400
MAILING ADDRESS (Street)			FAX
P. O. Box 2750			543-4445
(City)	(State)	(Zip	Code)
Honolulu	Hawaii	96840	0-0001
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip	Code)

PART II ORGANIZATION	ON	
NAME OF ORGANIZATION YO	OU LOBBY FOR (Do not abbreviate)	TELEPHONE
Hawaiian Electric	Company, Inc.	532-5860
MAILING ADDRESS (Street)		FAX
P. O. Box 2750		532-5864
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96840-0001
NAME OF PERSON RESPONSIBI	LE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
Marcia Wright		532-5860
MAILING ADDRESS (Street)		FAX
P. O. Box 2750	,	532-5864
(City)	(State)	(Zip Code)
Honolulu	Hawaii	96840-0001

<u>_</u> F	PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY						
		Agriculture	Education		Human Services	XX	Science, Technology & Economic Development
	XX	Communications & Public Utilities	Government Operations & Finance		Intergovernmental Relations, International Affairs		Tourism & Recreation
	XX	Consumer Protection & Commerce	Hawaiian Affairs	XX	Labor & Employment	XX	Transportation
		Culture, Arts, Historic Preservation	Health	XX	Planning, Land & Water Use Management		Other: (indicate below)
	xx	Ecology, Energy Environmental Protection	Housing		Public Safety & Corrections		

PART IV CERTIFICATION OF LOBBYIST

PART V AUTHORIZATION TO LOBBY NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Molly M. Egged Secretary NAME OF ORGANIZATION (if applicable) Hawaiian Electric Company, Inc. MAILING ADDRESS (Street) FAX P. 0. Box 2750 (City) (State) (State) (City) (State) (City) (State) (City) (State) (City) (State) (City) (State) (City) (Avaidable) (City) (State) (City) (. 01 20001101			
PART V AUTHORIZATION TO LOBBY NAME Molly M. Egged Secretary NAME OF ORGANIZATION (if applicable) Hawaiian Electric Company, Inc. MAILING ADDRESS (Street) P. O. Box 2750 (City) (State) (State) (State) (State) (State) (State) (State) (Authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
PART V AUTHORIZATION TO LOBBY NAME Molly M. Egged Secretary NAME OF ORGANIZATION (if applicable) Hawaiian Electric Company, Inc. MAILING ADDRESS (Street) P. O. Box 2750 (City) (State) (State) (State) (State) (State) (State) (State) (Authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	Thid	us la	1/17/05		
NAME Molly M. Egged Secretary NAME OF ORGANIZATION (if applicable) Hawaiian Electric Company, Inc. MAILING ADDRESS (Street) P. O. Box 2750 (City) (State) Honolulu Hawaii 96840-0001 I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		(Signature of Lobbyist)	(Date)		
NAME Molly M. Egged Secretary NAME OF ORGANIZATION (if applicable) Hawaiian Electric Company, Inc. MAILING ADDRESS (Street) P. O. Box 2750 (City) (State) Honolulu Hawaii 96840-0001 I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Molly M. Egged NAME OF ORGANIZATION (if applicable) Hawaiian Electric Company, Inc. MAILING ADDRESS (Street) P. 0. Box 2750 (City) (State) Honolulu Hawaii 96840-0001 I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	PART V AUTHORIZATION	N TO LOBBY			
NAME OF ORGANIZATION (if applicable) Hawaiian Electric Company, Inc. MAILING ADDRESS (Street) P. 0. Box 2750 (City) (State) Honolulu Hawaii 96840-0001 I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	NAME		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESEN	ITED	
NAME OF ORGANIZATION (if applicable) Hawaiian Electric Company, Inc. MAILING ADDRESS (Street) P. 0. Box 2750 (City) (State) Honolulu Hawaii 96840-0001 I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
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Hawaiian Electric Company, Inc. MAILING ADDRESS (Street) P. O. Box 2750 (City) (State) Honolulu Hawaii 96840-0001 I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
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MAILING ADDRESS (Street) P. O. Box 2750 (City) Honolulu Hawaii 96840-0001 I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.		_	5/0 7700		
P. O. Box 2750 (City) (State) (State) (Zip Code) Honolulu Hawaii 96840-0001 I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	Hawaiian Electric Co	mpany, Inc.	543-7/28		
P. O. Box 2750 (City) (State) (State) (Zip Code) Honolulu Hawaii 96840-0001 I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	MAILING ADDRESS (Street)		FAX		
(City) (State) (Zip Code) Honolulu Hawaii 96840-0001 I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
(City) (State) (Zip Code) Honolulu Hawaii 96840-0001 I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	D 0 D 0750		5/0 7500		
Honolulu Hawaii 96840-0001 I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	P. O. Box 2/50		543-7523		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	(City)	(State)	(Zip Code)		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.			04040.0001		
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M M 1/31/05	I hereby authorize the a	bove - named person to engag	ge in lobbying activities on behalf of the undersigned.		
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V	$I \longrightarrow I \longrightarrow I$	on IV	1/31/05		
(Signature of Authorizing Officer of Person Represented) (Date)	(Signature of Au	thorizing Officer or Person Represen	ted) (Date)		